

RIB LAKE HEALTH CARE CENTER
650 PEARL STREET, P.O. BOX 308

RIB LAKE 54470 Phone: (715) 427-5291

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 77

Total Licensed Bed Capacity (12/31/02): 100

Number of Residents on 12/31/02: 59

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

65

| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | | | | Length of Stay (12/31/02) | | % |
|------------------------------------|-----|---|-------|------------|-------|---------------------------------|--|-------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 33.9 |
| Supp. Home Care-Personal Care | No | ----- | | ----- | | 1 - 4 Years | | 45.8 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 3.4 | Under 65 | 6.8 | More Than 4 Years | | 20.3 |
| Day Services | No | Mental Illness (Org./Psy) | 22.0 | 65 - 74 | 16.9 | | | ----- |
| Respite Care | Yes | Mental Illness (Other) | 3.4 | 75 - 84 | 33.9 | | | 100.0 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 39.0 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 3.4 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 1.7 | | ----- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | Yes | Fractures | 0.0 | | 100.0 | (12/31/02) | | |
| Other Meals | No | Cardiovascular | 16.9 | 65 & Over | 93.2 | ----- | | |
| Transportation | No | Cerebrovascular | 25.4 | | ----- | RNs | | 15.4 |
| Referral Service | No | Diabetes | 10.2 | Sex | % | LPNs | | 3.4 |
| Other Services | Yes | Respiratory | 0.0 | ----- | | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 16.9 | Male | 25.4 | Aides, & Orderlies | | |
| Mentally Ill | No | | ----- | Female | 74.6 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | Yes | | | | 100.0 | | | |

Method of Reimbursement

| Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | Total Resi- dents | % Of All | |
|------------------------|-----|-------|------------------------|-----|-------|---------------------|-----|-------|---------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-----|-------------------------|----------------|---------------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | | | Per Diem (\$) |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 6 | 100.0 | 215 | 45 | 93.8 | 99 | 1 | 100.0 | 102 | 4 | 100.0 | 140 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 56 | 94.9 |
| Intermediate | --- | --- | --- | 3 | 6.3 | 84 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 3 | 5.1 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 6 | 100.0 | | 48 | 100.0 | | 1 | 100.0 | | 4 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 59 | 100.0 |

| Admissions, Discharges, and Deaths During Reporting Period | | | | | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 | | | |
|--|------|--|--|--|--|--|---------------|--------------------------------------|---------------------|
| | | | | | | ----- | | | |
| Percent Admissions from: | | | | | | Activities of | | % Needing Assistance of | Total |
| | | | | | | Daily Living (ADL) | | One Or Two Staff | Number of Residents |
| | | | | | | | | % Totally Dependent | |
| Private Home/No Home Health | 16.4 | | | | | | % Independent | | |
| Private Home/With Home Health | 5.5 | | | | | Bathing | 15.3 | 67.8 | 59 |
| Other Nursing Homes | 0.0 | | | | | Dressing | 33.9 | 49.2 | 59 |
| Acute Care Hospitals | 74.5 | | | | | Transferring | 39.0 | 47.5 | 59 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | | | | | Toilet Use | 39.0 | 47.5 | 59 |
| Rehabilitation Hospitals | 0.0 | | | | | Eating | 69.5 | 18.6 | 59 |
| Other Locations | 3.6 | | | | | ***** | | | |
| Total Number of Admissions | 55 | | | | | Continence | | % Special Treatments | % |
| Percent Discharges To: | | | | | | Indwelling Or External Catheter | | 6.8 | 1.7 |
| Private Home/No Home Health | 26.8 | | | | | Occ/Freq. Incontinent of Bladder | 42.4 | Receiving Respiratory Care | 0.0 |
| Private Home/With Home Health | 15.5 | | | | | Occ/Freq. Incontinent of Bowel | 18.6 | Receiving Tracheostomy Care | 0.0 |
| Other Nursing Homes | 4.2 | | | | | | | Receiving Suctioning | 0.0 |
| Acute Care Hospitals | 9.9 | | | | | Mobility | | Receiving Ostomy Care | 5.1 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | | | | | Physically Restrained | 0.0 | Receiving Tube Feeding | 32.2 |
| Rehabilitation Hospitals | 0.0 | | | | | | | Receiving Mechanically Altered Diets | |
| Other Locations | 2.8 | | | | | Skin Care | | Other Resident Characteristics | |
| Deaths | 40.8 | | | | | With Pressure Sores | 0.0 | Have Advance Directives | 91.5 |
| Total Number of Discharges | | | | | | With Rashes | 6.8 | Medications | |
| (Including Deaths) | 71 | | | | | | | Receiving Psychoactive Drugs | 55.9 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|--|---------------|------------------------|--------------------|--------------------|----------------|-------|-------|-------|
| | | This Facility | Ownership: Proprietary | Bed Size: 100-199 | Licensure: Skilled | All Facilities | | | |
| | | % | Peer Group Ratio | Peer Group % Ratio | Peer Group % Ratio | % Ratio | % | Ratio | |
| Occupancy Rate: Average Daily Census/Licensed Beds | | 65.0 | 80.0 | 0.81 | 82.4 | 0.79 | 83.3 | 0.78 | 85.1 |
| Current Residents from In-County | | 66.1 | 73.3 | 0.90 | 79.0 | 0.84 | 75.8 | 0.87 | 76.6 |
| Admissions from In-County, Still Residing | | 29.1 | 19.2 | 1.52 | 21.3 | 1.37 | 22.0 | 1.32 | 20.3 |
| Admissions/Average Daily Census | | 84.6 | 136.0 | 0.62 | 130.4 | 0.65 | 118.1 | 0.72 | 133.4 |
| Discharges/Average Daily Census | | 109.2 | 138.5 | 0.79 | 132.8 | 0.82 | 120.6 | 0.91 | 135.3 |
| Discharges To Private Residence/Average Daily Census | | 46.2 | 59.1 | 0.78 | 58.2 | 0.79 | 49.9 | 0.92 | 56.6 |
| Residents Receiving Skilled Care | | 94.9 | 93.4 | 1.02 | 93.4 | 1.02 | 93.5 | 1.01 | 86.3 |
| Residents Aged 65 and Older | | 93.2 | 95.9 | 0.97 | 94.2 | 0.99 | 93.8 | 0.99 | 87.7 |
| Title 19 (Medicaid) Funded Residents | | 81.4 | 73.2 | 1.11 | 73.9 | 1.10 | 70.5 | 1.15 | 67.5 |
| Private Pay Funded Residents | | 6.8 | 16.8 | 0.40 | 17.0 | 0.40 | 19.3 | 0.35 | 21.0 |
| Developmentally Disabled Residents | | 3.4 | 0.9 | 3.91 | 0.8 | 4.52 | 0.7 | 4.70 | 7.1 |
| Mentally Ill Residents | | 25.4 | 33.7 | 0.76 | 34.5 | 0.74 | 37.7 | 0.67 | 33.3 |
| General Medical Service Residents | | 16.9 | 19.3 | 0.88 | 19.0 | 0.89 | 18.1 | 0.94 | 20.5 |
| Impaired ADL (Mean) | | 38.0 | 46.1 | 0.82 | 48.0 | 0.79 | 47.5 | 0.80 | 49.3 |
| Psychological Problems | | 55.9 | 51.2 | 1.09 | 51.4 | 1.09 | 52.9 | 1.06 | 54.0 |
| Nursing Care Required (Mean) | | 5.7 | 7.2 | 0.80 | 6.8 | 0.84 | 6.8 | 0.84 | 7.2 |